

PART B - FEE(S) TRANSMITTAL

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7590 08/28/2007
Thomas M. Galgano, Esq.
GALGANO & ASSOCIATES, PLLC
SUITE 204
20 W. PARK AVE.
LONG BEACH, NY 11561
11/30/2007 HDEMESS2 00000010 10645405

01 FC-2501 720.00 OP
02 FC-1504 300.00 OP

03 APPLICATION NO.	FILING DATE 08/21/2003	FIRST NAMED INVENTOR Stanley B. Pollak	ATTORNEY DOCKET NO. 1656-2	CONFIRMATION NO. 7777
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10/645,405	08/21/2003	Stanley B. Pollak	1656-2	7777
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TITLE OF INVENTION: METHODS AND INSTRUMENTS FOR CLOSING LAPAROSCOPIC TROCAR PUNCTURE WOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700 \$720	\$300	\$0	\$1000 \$1020	11/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, TUAN VAN	3731	606-144000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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11/27/07
27,638

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